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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 APR 29 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001194 (8)

1. Corporation Name

ELECTRICAL DESIGN & CONSTRUCTION, INC.



Principal Place of Business

2785 BUFORD HWY SUITE 1068
DULUTH GA 30136

Mailing Address

2785 BUFORD HWY SUITE 1068
DULUTH GA 30136

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD, MT VERNON SQ.
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the principal place

(If Officer Registered Agent Signature required when not holding office)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME PD
SNEAD, JEFFREY S
STREET ADDRESS 2024 SKYLAND GLEN DR. SW
CITY-ST-ZIP SNELLVILLE GA 30278

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

700001799227
-04/29/96--01076--027
****233.75 ****208.75

TITLE ☒ DELETE

21 TITLE

NAME STD
HOOVER, MARK D
STREET ADDRESS 2233 CONDOR DRIVE
CITY-ST-ZIP LAWRENCEVILLE GA 30244

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME D
ROBISON, JAMES D
STREET ADDRESS 3321 KELLOG CREEK RD
CITY-ST-ZIP ACWORTH GA 30102

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Secretary

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Jeffrey S. Snead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

425-96

770-623-9446
Date: Daytime Phone #

CR2E034 (12/95)